

19-070589



Secretary of State Statement of Information

(California Nonprofit, Credit Union and
General Cooperative Corporations)

SI-100

31

IMPORTANT — Read instructions **before** completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

FILED
Secretary of State
State of California

OCT 07 2019

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

Pacifica Bike Park

26/20/CC
This Space For Office Use Only

2. 7-Digit Secretary of State File Number

4288553

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

N/A

City (no abbreviations)

State

CA

Zip Code

b. Mailing Address of Corporation, if different than item 3a

1039 C Terrs Nova Blvd

City (no abbreviations)

Pacifica

State

CA

Zip Code

94044

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/

First Name

Matthew

Middle Name

Robert

Last Name

McPhail

Suffix

Address

1039 C Terrs Nova Blvd

City (no abbreviations)

Pacifica

State

CA

Zip Code

94044

b. Secretary

First Name

Stefanie

Middle Name

Lynn

Last Name

Phillips

Suffix

Address

175 San Jose Ave Apt. B

City (no abbreviations)

Pacifica

State

CA

Zip Code

94044

c. Chief Financial Officer/

First Name

John

Middle Name

Joseph

Last Name

Stack

Suffix

Address

47 Eastgate Dr.

City (no abbreviations)

Daly City

State

CA

Zip Code

94015

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Matthew

Middle Name

Robert

Last Name

McPhail

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

1039 C Terrs Nova Blvd

City (no abbreviations)

Pacifica

State

CA

Zip Code

94044

CORPORATION — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 5a or 5b

6. Common Interest Developments

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The Information contained herein, including in any attachments, is true and correct.

Date

9/14/2019

Type or Print Name of Person Completing the Form

Matthew R. McPhail

Title

C.E.O.

Signature